

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/589,596	FILING DATE 8-14-06
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		0		1				
5		0		1				
6		0		1				
7		0		1				
8	1		1					
9		1		1				
10		2		1				
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TOTAL IND.	3	↓	3	↓		↓		
TOTAL DEP.	12	←	12	←		←		
TOTAL CLAIMS	15		15					